

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the  
Southern District of Texas

Houston Division

Francine Hunt

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MTC/Management Training Corporation

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Francine Hunt
Street Address	15510 Laurel Heights Drive
City and County	Houston, Harris County
State and Zip Code	Texas 77084
Telephone Number	8327296036
E-mail Address	fhunt1234@aol.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

---

Defendant No. 1

Name	MTC, C/O CT Corporation System
Job or Title <i>(if known)</i>	
Street Address	1108 E. South Union Avenue
City and County	Midvale, South Lake County
State and Zip Code	Utah 84047
Telephone Number	(866) 965-5150
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	MTC, Management Training Corporation
Street Address	2010 North Loop West, Suite 150
City and County	Houston, Harris County
State and Zip Code	Texas 77018
Telephone Number	(713) 864-7618

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

Other federal law (specify the federal law):



Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.  
☒ Termination of my employment.  
☐ Failure to promote me.  
☐ Failure to accommodate my disability.  
☐ Unequal terms and conditions of my employment.  
☐ Retaliation.  
☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

June 7, 2016

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race Different treatment than other race  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*  
☐ disability or perceived disability *(specify disability)* \_\_\_\_\_

E. The facts of my case are as follows. Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

---

Company policy was not followed where drug test are required for all employees involved in a company accident, I was required to take a drug test where person of different race was not, this has also occurred with at least two additional African American employees.

---

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

06/15/2017

---

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)* 07/24/2018 .

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

I am seeking loss of salary and bonus from dismissal date June 7, 2016 to current date, \$80,000 and recovery of legal cost.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/11/2018

Signature of Plaintiff



Printed Name of Plaintiff

Francine Hunt

### B. For Attorneys

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

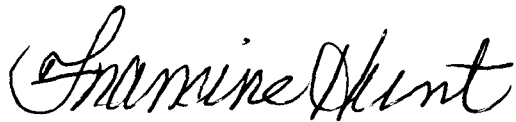
Telephone Number

E-mail Address

### III Statement of Claim

Due to an at fault automobile accident on May 3, 2016, with a company vehicle I was required to take a drug test and defensive driving course, on May 4, 2016 an employee of a different race was in a company non-fault accident and was not required to take the drug test; the company policy states all employees accidents require the drug test. I inquired in writing why the company was treating us different and indicated I was appealing the company conduct write up until a determination as to why all aspects of the policy did not apply to the person of a different race, during this process I was told by two African American employees they were made to take the drug test in non-fault accidents, I am African American also.

My employment was terminated while the company appeal process was still in process.

A handwritten signature in black ink, appearing to read "Francine Hunt". The signature is written in a cursive, flowing style.

Francine Hunt

10-11-2018

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Francine Hunt**  
**15510 Laurel Heights Drive**  
**Houston, TX 77084**

From: **Houston District Office**  
**Mickey Leland Building**  
**1919 Smith Street, 7th Floor**  
**Houston, TX 77002**

☐

On behalf of person(s) aggrieved whose identity is  
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

460-2017-00845

**DeAnna Brooks-Torres,**  
**Investigator**

(713) 651-4971

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) or the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

*DeAnna Brooks-Torres*  
 for **Rayford O. Irvin,**  
**District Director**

*7/24/2018*  
 (Date Mailed)

Enclosures(s)

cc: **Christina Pignatelli**  
**Counsel**  
**MANAGEMENT & TRAINING CORPORATION (MTC)**  
**500 N. Marketplace Drive**  
**Centerville, UT 84014**

**Theresa Ford**  
**THE FORD 4 JUSTICE LAW FIRM**  
**2616 South Loop West**  
**Suite 100b**  
**Houston, TX 77054**

**Lowell Keig, Director**  
**Texas Workforce Commission Civil Rights Division**  
**101 East 15<sup>th</sup> St.**  
**Room 144T**  
**Austin, TX 78778**



EEOC Form 5 (1/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: _____ Agency(ies) Charge No(s): <b>460-2017-00845</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
Texas Workforce Commission Civil Rights Division and EEOC			
Name (Indicate Mr., Ms., Mrs.): <b>Ms. Francine Hunt</b>		Home Phone (Incl. Area Code): <b>(832) 729-6036</b>	Date of Birth: <b>1952</b>
Street Address: <b>15510 Laurel Heights Dr.</b>	City: <b>Houston</b>	State: <b>Texas</b>	and ZIP Code: <b>77084</b>
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name: <b>MTC/MANAGEMENT TRAINING CORPORATION</b>		No. Employees / Members: <b>500 or More</b>	Phone No. (Incl. Area Code): <b>(512) 396-6652</b>
Street Address: <b>2800 Airport Hwy 21,</b>	City: <b>San Marcos</b>	State: <b>Texas</b>	and ZIP Code: <b>78667</b>
Name:		No. Employees / Members:	Phone No. (Incl. Area Code):
Street Address:		City:	State and ZIP Code:
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE Earliest                      Latest	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) _____		<b>06-07-2016      06-07-2016</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
I. On or about March 12, 2007, I was hired as a Career Advisor for MTC Management Training Corporation (MTC).  II. On or about May 3, 2016 I was involved in an accident in a company vehicle. I had been employed for over 9 years with MTC and never had an accident report or any moving violations filed while operating any company vehicle. I was forced to do a drug screen the next morning based on company policy and passed. From May 4, 2016 to May 27, 2016, I was not allowed to use a company vehicle per the company policy and used my own vehicle for work. I was not compensated for using my own vehicle.  III. On May 4, 2016, a Hispanic female named Debbie Trevino, who is also a Career Advisor for MTC, was also involved in a car accident in a company vehicle. However, I later found out she was not subjected to the same treatment. She was given more favorable treatment with regards to the company policy for vehicle accidents in a company car. She was not required to take a drug screen per the policy for the accident. She was never required by the company to take a drug screen. She took a drug screen weeks later only because of the requirement under worker's compensation.  IV. On May 27, 2016, I was placed on paid leave. Ms. Trevino was never placed on a paid leave after her accident.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY- When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date: <u>6/15/2017</u> Charging Party Signature: <u>Francine Hunt</u>		SIGNATURE OF COMPLAINANT: <u>Francine Hunt</u> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <u>6/15/17</u> (month, day, year) <u>Raquel Chapa</u> <b>RAQUEL CHAPA</b> Notary Public STATE OF TEXAS My Comm. Exp. 01-16-18	

EEOC Form 5 (11/09)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA☒ EEOC

460-2017-00845

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

- V. On or about June 7, 2016, I was discharged from my position based on an allegation that I had refused to adhere to a company procedure regarding employees who had an at-fault accident in the company's vehicle. On or about May 3, 2016 I had a car accident and I declined to adhere to a company policy that I believed Non-Black employees did not have to adhere to. I was issued a "Notice of Conduct" after receiving a verbal warning; I appealed the notice citing my reasons for not taking and not paying for a defense driving class and I offered several alternative solutions for the company to consider. I was fired for not following the procedure, a set of procedures HR and management did not follow.
- VI. Shortly after being terminated, I applied for unemployment benefits. I was initially denied and I appealed that decision. In that appeals hearing, the company admitted Ms. Trevino did not take a drug test until she filed a worker's compensation claim until weeks later. The company did not follow its own Accident policy for a Hispanic employee who had an accident in a company vehicle yet it chose to enforce the policy on me as an African American female.
- VII. On about June 19, 2016, I sent a letter Jody Trujillo with HR in Utah about my concerns of discrimination and appealing my termination. I received a response to this letter from Teresa Aramki, Vice President of HR, on or about July 1, 2016. The response stated "due to the fact you have filed a charge with the equal Employment Opportunity Commission (EEOC), it is our plan to resolve your concerns through that agency. As of the date of this Amended charge in June 2017, the company still has yet to respond to my concerns addressed in that letter directly or via the EEOC process.

I believe I was subjected to unequal term and conditions of employment based on my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended and because of my age in violation of the Age Discrimination in Employment Act.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

6/15/2017 Francine Hunt  
Date Charging Party Signature

NOTARY - When necessary for State or Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

Francine Hunt  
RAQUEL CHAPA  
Notary Public  
STATE OF TEXAS  
My Comm. Exp. 01-16-18

Print Form